FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983

IN THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF MISSISSIPPI

COMPLAINT (Identification Number) ARTHUR JOHNSTON Elijha (First Name) (Middle Name) Adams County (Institution) Natchez, MS 306 State (Address) (Enter above the full name of the plaintiff, prisoner and address of plaintiff in this action) CIVIL ACTION NUMBER: County Sherriff (Enter the full name of the defendant(s) in this action) GENERAL INFORMATION At the time of the incident complained of in this complaint, were you incarcerated? A. Yes (No() Are you presently incarcerated? В. Yes () No() At the time of the incident complained of in this complaint, were you incarcerated because C. you had been convicted of a crime? No () Yes () Are you presently incarcerated for a parole or probation violation? D. No (X Yes () At the time of the incident complained of in this complaint, were you an inmate of the E.

F. Are you currently an inmate of the Mississippi Department of Corrections (MDOC)? Yes () No ()

Mississippi Department of Corrections (MDOC)?

No (W

Yes ()

PARTIES

(In item I below, place your name and prisoner number in the first blank and place your present

| address in the second blank.) | | | | |
|--|---|----------------------------------|--|--|
| I. Name of plaintiff: Elijha | T. Hall Jr | Prisoner Number: | | |
| Address: 306 State | | | | |
| Natchez Ms | 39120 | | | |
| second blank, and his place of er names, positions and places of er | nployment in the thi mployment of any ac | | | |
| II. Defendant: Tony Nic | hols | is employed as <u>Captain</u> of | | |
| the Jail | at Adams Co | unty Sherriff Dept. | | |
| plaintiff is required to complete PLAINTIFF: NAME: | the portion below: ADDRESS: | | | |
| Elijha T. Hall | | 306 State St | | |
| | | tehez Ms | | |
| DEFENDANT(S): | | | | |
| NAME: | ADDRESS | : | | |
| Travis B. Patten | 304 | 6 State St | | |
| Tony Wichols | Nat | rchez Ms 39120 | | |
| | | 3 | | |
| | | | | |

OTHER LAWSUITS FILED BY PLAINTIFF

NOTICE AND WARNING
The plaintiff must fully complete the following questions. Failure to do so may result in your case being dismissed.

| Α. | Have y | ve you ever filed any lawsuits in a court of the United States? Yes () No () | | | | | | |
|------|--|--|--|--|--|--|--|--|
| В. | If your answer to A is yes, complete the following information for each and every civil action and appeal filed by you. (If there is more than one action, complete the following information for the additional actions on the reverse of this page or additional sheets of paper.) | | | | | | | |
| CASE | NUMB 1. | ER 1. Parties to the action: Elijha T. Hall -Vs - Travis Patton and | | | | | | |
| | | Tony Nichols | | | | | | |
| | 2. | Court (if federal court, name the district; if state court, name the county): U.S. | | | | | | |
| | | District Court Southern District of Mississippi | | | | | | |
| | 3. | Docket Number: 5:17-cu-00074-DCB-MTP | | | | | | |
| | 4. Name of judge to whom case was assigned: Michael T. Parker | | | | | | | |
| | 5. | Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?) Dismissed due to lack of | | | | | | |
| | | response. 10-11-2017 | | | | | | |
| CASE | E NUME 1. | BER 2. Parties to the action: | | | | | | |
| | 2. Court (if federal court, name the district; if state court, name the county): | | | | | | | |
| | 3. | Docket Number: | | | | | | |
| | 4. Name of judge to whom case was assigned: | | | | | | | |
| | 5. | Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?) | | | | | | |
| | | | | | | | | |

STATEMENT OF CLAIM

| | Please see attached Statement of Claim. Trank You. | | | | |
|---|--|--|--|--|--|
| | | | | | |
| _ | Medical Bill Statements are also included. | | | | |
| _ | | | | | |
| _ | My civil case 5:17-cu-00074-DCB-MTP should not | | | | |
| _ | have been dismissed. I sent the required acknowledgment | | | | |
| _ | of Reciept, immediately after I recieved the | | | | |
| | form in the mail. I feel the Sherrift Dept is Tampening with | | | | |
| | RELIEF | | | | |
| , | State what relief you seek from the court. Make no legal arguments. Cite no cases or | | | | |
| | statutes. Medical Bills, Pain and Suffering, Punitive damages, | | | | |
| | | | | | |
| | Justice | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Elijha T. Hall Jr 306 State St Natchez, Ms 39120

Compaint:

On or about the 10th day of May 2017, I, Elijha T. Hall Jr, was walking to use the telephone in 3A Block of the Adams County Jail when all of the Sudden, I slipped and fell in some water that was coming from a leaking sink in the block. At this time I fell and landed on my back on the concrete floor as well as hit my head on the steel table. I was soaked with water. We the inmates, had been reporting the leaking sink to the Captain Tony Nichols and Jail Staff for quite some time When the slip and full occurred. During the time of my fall the jail Scargent Called the ambulance and I was taken to Meritt Health in Natchez, MS for an observation. Upon obers observation by the Emergency Room Doctor I was given two shots and some X-Rays. After returning to the jail I was seen by nurse look, I told her that I could not walk very well and was hurting. That night I fell again. Once I was seen by nurse cook again I reported that I have a Knot on my chest that had not been there before the fall. At that time she scheduled me to

go back to the Doctor. She wanted more test

ran on my back and the knot on my chest.

It wastn't antil June 1st of 2017 that I was able to return to the haspital. At this time I was Seen by the same Man, Dr Keith T. Schwager, He then ran some test on my back and chest. Upon reviewing the test, I was told I had some bruising on my back and the knot on my chest could not be treated as long as I was in the custodie of the Adams country Sheriff Dept. The doctor then stated he was going to refer me to another specialist that had better equipment to examine the Knot on my chest. I have not been back to the Doctor Since ... As of today I often have a hard time breathing, occasionally urinate on myself and cannot stand for long periods of time. I still need treatment for my injuries on my chest and back. I am in constant pain and connot get any medical attention. The accident was caught on the security camera in 3A. Block in the Adams County Jail in Natchec, Ms. I am being deprived of my constitutional right to medical Treatment. As well as being taken advantage of due to my Mental Illness, Bi- Polar Schizophrenia, in my case and my injury ... Sincerely,

Sincerely, Elijha T. Hall Jr. ONPASV01 PO Box 1280 Oaks PA 19456-1280 ADDRESS SERVICE REQUESTED

Elijah Hall

306 State St Natchez MS 39120-3473 Professional

PO Box 188

Account Services Brentwood, TN 37024-0188

(615) 465-3998 Office Hours:

7 AM - 9 PM CST Monday - Thursday

Inc.

7 AM - 7 PM CST Friday 8 AM - 2 PM CST Saturday

ACCOUNT 7074077-15342 NUMBER: CREDITOR

Merit Health Natchez

TOTAL DUE

\$5006.44



Visit us online www.pasionline.com

RE: Merit Health Natchez

Your account has been placed with this collection agency for collection.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of the debt or any portion thereof, this office will assume the debt is valid. If you notify this office in writing within 30 days from receiving this notice, this office will obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice this office will provide you with the name and address of the original creditor if different from the current creditor.

For questions please call 1-800-755-5152.

Account # 7074077-15342

Patient-Elijah Hall Date of Svc 05/11/17

Account Balance \$5006.44

This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

Please see reverse side for Important Information

Remit To: Professional Account Services P.O. Box 188 Brentwood, TN 37024-0188

807ONPASV01101



(Do NOT mail payments or correspondence to this address.)

165 CAPRICE CT, UNIT B CASTLE ROCK, CO 80109 update address or insurance information, ord changes on the back of this statement, visit our website at www.scpmedbilling.com.

AMOUNT DUE RESPONSIBLE PARTY



HALL, ELIJAH T 306 STATE ST NATCHEZ, MS 39120-3473

| If paying by cre | edit, debit or flexi | ble sp | ending card, com | plete this section. |
|-----------------------------------|---------------------------|-----------------------------|------------------------|---------------------|
| Responsible Party: HALL, ELIJAH T | | Invoice Number: 11X40460815 | | |
| VIŚA | MasterCard | | DISCOVER | AMEX 🗌 |
| Card Number Exp. D | | ate | | Name on Card |
| Signature | | Credit Card Zip Code | | |
| \$1,269.00 | STATEMENT D 06/21/2017 | | DUE DATE 07/12/2017 | AMOUNT ENCLOSED |

™MAIL PAYMENT OR CORRESPONDENCE TO

MS EMERGENCY PHYSICIAN SERVICES LLC PO BOX 731584 DALLAS, TX 75373-1584

00000003429011000000004046081500001269004

(Detach and return upper portion with payment)





54 SEARGENT PRENTISS DR NATCHEZ MS 39120-4726

24 495170220

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Please check box and make address or insurance changes on reverse side.



MAKE CHECKS PAYABLE AND REMIT TO:

MERIT HEALTH NATCHEZ PO BOX 743101 ATLANTA GA 30374-3103

0034000070779320000000000000000001772118